

Case Number:	CM15-0113536		
Date Assigned:	06/19/2015	Date of Injury:	10/16/2012
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48 year old female, who sustained an industrial injury on 10/16/2012. She reported a motor vehicle accident with injury to the neck and left shoulder. Diagnoses include cervical pain, facet hypertrophy, degenerative disc disease and left shoulder pain status post arthroscopy. Treatments to date include medication management with Percocet changed to Norco and Flexeril, medial branch blocks, chiropractic therapy and physical therapy. Currently, she complained of ongoing left shoulder pain and low back pain. On 5/11/15, the physical examination documented guarded movement and tenderness with muscle spasms in lumbar and cervical areas. The left shoulder demonstrated decreased range of motion. The treating diagnoses included cervical strain, rotator cuff tendonitis/bursitis and high-grade partial thickness rotator cuff tear and lumbar degenerative disc disease. The plan of care included physical therapy three times a week for six weeks for low back and neck. The appeal request was for authorization of physical therapy three times a week for six week for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 3 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Shoulder (Acute & Chronic) Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents on 05/11/15 with unrated cervical pain, left shoulder pain, and lumbar spine pain. The patient's date of injury is 10/16/12. Patient is status post left shoulder rotator cuff repair at a date unspecified. The request is for physical therapy 3 times a week for 4 weeks for the left shoulder. The RFA is dated 02/04/15. Physical examination dated 05/11/15 reveals spasm and tenderness to palpation of the cervical spine with guarded range of motion noted. Left shoulder examination shows intact neuro-circulatory function. Lumbar spine examination reveals tenderness to palpation with spasms noted, guarded range of motion especially on extension, and otherwise intact neuro-circulatory status. The patient's current medication regimen is not provided. Diagnostic imaging included MRI of the left shoulder dated 01/13/15, significant findings include: "Status post rotator cuff repair with tendinopathy and a minimum partial thickness tearing. I suspect a full-thickness tear in the posterior supraspinatus without retraction." Per 05/11/15 progress note, patient is advised to continue temporary modified work pending re-evaluation. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the request for 12 sessions of physical therapy for this patient's left shoulder, the provider has exceeded guideline recommendations. There is some indication that this patient has had physical therapy in the past, as progress note dated 05/11/15 references previous PT visits, though it does not appear that this patient has undergone any recent physical therapy. MTUS guidelines support 8-10 visits for complaints of this nature; the requested 12 sessions exceeds these recommendations. Utilization review dated 05/13/15 partially certified this request to allow for 6 sessions of physical therapy. Were the request for 10 sessions of physical therapy, the recommendation would be for approval; however, the request as written exceeds guidelines and cannot be substantiated. Therefore, the request IS NOT medically necessary.